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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD



BURGH OF AIRDRIE

Report by Medical Officer of Health for Year 1949

10, PARK ROAD,
OXFORD



BURGH OF AIRDRIE

REPORT BY MEDICAL OFFICER OF HEALTH FOR YEAR 1949

TO THE DEPARTMENT OF HEALTH FOR SCOTLAND

AND

TO THE PROVOST, MAGISTRATES & TOWN COUNCILLORS
OF THE BURGH OF AIRDRIE.

Gentlemen,

I have the honour to present to you a report on the Health Administration of the Burgh during the year 1949.

This Report is furnished in accordance with the request of the Secretary of State as authorised by Sections 79 and 87 of the Local Government (Scotland) Act, 1947.

The year under review is the first complete one since the inception of the National Health Service (Scotland) Act, 1947, and consequently the general layout of the Report and the topics with which it deals will be found to have undergone considerable changes in comparison with former years.

In format it now follows closely the suggestions made by the Department of Health in Circular No. 107/1949.

The year has been one of progress inasmuch as effect has been given to many of the Schemes drawn up and approved in terms of the National Health Service Act and reference to these advances will be found under various headings throughout the Report.

It is satisfactory also to be able to record that throughout the year the health of the Burgh has been well maintained.

Attention is particularly directed to our favourable experience in respect of Maternal Mortality where another year has passed without a single maternal death.

The Infantile Mortality Rate at 38 is also low for an industrial community and is in fact the lowest of the five Lanarkshire Burghs.

The year has passed without any major outbreak of infectious disease but tuberculosis still remains a problem, although perhaps less so than elsewhere.

All these points are dealt with at greater length in the body of the Report.

I take this opportunity of thanking the members of the Town Council for their confidence and support, my fellow-officials for the help and assistance which they have unfailingly given me at all times, and the staffs of the Health Department, Nursing Services and Hallcraig Day Nursery for their loyal and conscientious work throughout the year.

I am,
Gentlemen,
Your obedient servant,

ROBERT J. LUMSDEN
M.B., Ch.B., D.P.H.

Medical Officer of Health.

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GENERAL.

The Burgh of Airdrie was established by Act of Parliament in the year 1821 and its original boundaries have since then been further extended by additional legislation.

Its area now comprises 2,068 acres. It is situated on the North-eastern fringe of the main industrial area of Lanarkshire and on ground which rises from about 285 feet above sea level in the South West to about 620 feet in the North-east.

Much of the land recently taken into the Burgh towards the North and East provides good commanding sites for fresh housing development, and these new parts of the town are likely to enjoy a cleaner and less smoky atmosphere.

Number of inhabited houses	-	7,500
(15.11.49)		(an increase of 144 over 1948)

Total rateable valuation	-	£192,442: 10: 1d.
(1948-49)		

Water Supply.

The water supply of the Burgh is furnished by the Airdrie, Coatbridge and District Water Board. This undertaking draws its supplies mainly from upland sources, the catchment area extending to 3,550 acres. There are impounding reservoirs in Shottsburn in the Parish of Shotts and on Eastside and Cowgill burns in the Parish of Lamington and Wandell.

There are also service reservoirs at Roughrigg, Moffat Mills and at Cowgill, Biggar.

In emergency extra water can be drawn from Dewshill Pit, Salsburgh and Lily Loch, Caldercruix.

There are slow sand filters at Roughrigg. During the war, chlorination plant was installed at Roughrigg and Cowgill and the supply has been treated since.

During the summer there was a long period of drought and the resulting depletion of the reservoirs caused serious concern. Despite public appeals for economy the amount of water in storage at Roughrigg Reservoir fell to under three weeks supply.

The large extent of mud exposed on the reservoir banks, together with agitation of the water caused by strong winds, caused a great increase in the turbidity. This in turn resulted in difficulties with the slow sand filters which clogged readily and had on occasions to be by-passed.

Additional chlorination was resorted to and the public were advised, as an additional precaution, to boil water intended for human consumption. The bacteriological condition of samples taken, even at the time when the water appeared least attractive, was however never such as to cause anxiety and no outbreak of disease attributable to the water supply was reported.

A recent analysis is given below as an indication of the physical and chemical characteristics of the supply.

Mineral Matter	19.6 grains/gall.
Organic Matter	1.4
Total Solid Matter	<hr/> 21.0
Nitrates as Na NO ₃	Trace.
Free ammonia	0.003
Albuminoid ammonia	0.009
Total ammonia	<hr/> 0.012
Temporary Hardness	8.96
Permanent Hardness	None
	<hr/> 8.96
Colour (Glasgow Supply 10)	28
pH value	7.6

"The sample as received contained traces of suspended matter and the clear water had a slight brown colour due to the presence of a little unobjectionable peaty matter. Analysis shows that it is fairly soft water with no detectable trace of animal matter or sewage and accordingly it is suitable for drinking and other dietetic purposes".

Sewage Disposal.

The sewage disposal arrangements are of the most modern kind. After the usual preliminary treatment, the plant installed subjects the sewage to a bio-aeration process with subsequent sludge digestion. The final product is dried in shallow lagoons and finds a sale as manure.

Plans are at present under discussion for a large extension to the sewage works. This has been necessitated by the general growth and development of the Burgh. Actual constructional work was expected to begin at the end of the year and has in fact now commenced.

VITAL STATISTICS - 1949.

Population.

No census has been taken since 1931 and the figure of 30,657 supplied by the Registrar-General, is the estimated civil population at mid-year 1949. This is an increase of 12 over the estimate for 1948.

Density of Population.

On the basis of the above population estimate, the density of population is 14.3 persons per acre.

Natural Increases of Population.

This is the excess of births over deaths. For the year it amounts to 368.

Births.

The figures given are corrected for transfers.

	<u>Numbers.</u>	<u>Rate.</u>
All live births	693	22.6 (Per 1000 of estimated pop.)
Illegitimate births	30	4.3 (Per 100 live births)

This ^{is} below the birth rate for 1947, which at 24.1 was the highest since 1928 when the figure was 27.8 but above last year's rate of 22.1.

Since the beginning of 1939 it has also been compulsory to register still births. Of these 15 were so registered, equivalent to a rate of 21 per 1000 total births and the lowest figure so far recorded.

Marriages.

The number registered was 283, equivalent to a marriage rate of 9.2 marriages per 1000 of the total population. Last year the figure was 10.1.

Deaths.

After allowing for transfers, the number of deaths registered during the year was 325, giving a corrected death rate of 10.6 per 1000 of the estimated population.

The death rate, after adjusting it for the age and sex distribution of the local population and so making it generally comparable with the rest of Scotland, was 12.1, a reduction from last year's figure of 12.8.

Epidemic Death Rate.

This is the death rate from the principal epidemic diseases (in Scotland, typhoid and paratyphoid fevers, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles) per 1000 of the estimated population.

For the year it was 0.13 the same as in the previous year.

Infantile Mortality.

This is the number of deaths of infants under 1 year of age/

age expressed per 1000 of all live births.

During the year the figure was 38 which compares favourably with last year's figure of 58 and approaches the low record set in 1947 of 34.

The subject of Infantile Mortality is discussed more fully under the heading of Child Welfare, where figures for previous years are given for comparison.

Principal Causes of Death.

The chief certified causes of death as given by the Registrar General are as follows:-

Heart Disease	108
Cancer and other malignant disease	45
Cerebral Haemorrhage	35
Respiratory Tuberculosis	20
Congenital debility, Prematurity, Malformation	16
Other circulatory diseases	10
Pneumonia	10
Bronchitis	12

No other category included more than 10 deaths.

There were 8 deaths from violence, including 5 road accidents.

PRINCIPAL CAUSES OF DEATH FOR 1944 - 1948 FOR COMPARISON.

CAUSE.	Number of Deaths				
	1944	1945	1946	1947	1948
Heart Disease	98	91	105	101	94
Cancer and other malignant disease	47	38	37	41	48
Cerebral Haemorrhage	40	32	30	31	36
Congenital debility, Premature Birth, Malformation	27	21	20	14	20
Bronchitis	21	18	12	11	11
Respiratory Tuberculosis	13	10	22	15	14
Pneumonia	11	9	13	12	13

SYNOPSIS OF VITAL STATISTICS

1949 COMPARED WITH FIVE PREVIOUS YEARS

YEAR	1944	1945	1946	1947	1948	1949
Estimated Population	27,038	27,103	28,731	30,248	30,645	30,657
Natural Increase	238	267	385	439	335	368
Births (all live)	618	576	706	729	678	693
Illegitimate	38	30	38	27	24	30
Birth Rate	20.4	19.1	23.2	24.1	22.1	22.6
Illeg. Birth Rate	6.1	5.2	5.4	3.7	3.5	4.3
Still Births	19	19	27	40	20	15
Still Birth Rate	30	32	37	52	29	21
Marriages	264	297	276	278	309	283
Marriage Rate	8.7	9.9	9.1	9.2	10.1	9.2
Deaths	380	309	321	290	343	325
Death Rate (corrected)	14.1	11.4	11.2	9.6	11.2	10.6
Death Rate (adjusted)	16.1	13.0	12.8	11.0	12.8	12.1
Deaths from Epidemic Disease	3	7	12	2	4	4
Epidemic Death Rate	0.11	0.26	0.42	0.07	0.13	0.13
Deaths from T.B. (all forms)	19	16	23	19	19	25
Death Rate	0.70	0.59	0.97	0.63	0.62	0.82
Deaths from Pul. T.B.	13	10	22	15	14	20
Pul. T.B. Death Rate	0.48	0.37	0.77	0.50	0.46	0.65
Deaths of Infants under one year	49	42	33	25	39	26
Infantile Mortality Rate	79	73	47	34	58	38
Maternal Deaths	3	1	0	2	0	0
Maternal Mortality Rate	4.85	1.74	0.00	2.74	0.00	0.00

For additional notes see next page.

NOTES:-

Population estimates are supplied by the Registrar General.

The various rates are calculated as follows:-

Birth Rate	- number of live births per 1000 of estimated total population.
Illegitimate Birth Rate	- number of illegitimate births per 100 live births.
Still Birth Rate	- number of still births per 1000 total births (including still births)
Marriage Rate	- number of marriages per 1000 of total population.
Death Rate (corrected)	- number of deaths per 1000 of estimated total population. For war years per 1000 of estimated civil population.
Death Rate (adjusted)	- this is an index of the number of deaths per 1000 which might have been expected to occur had the age and sex constitution of the Burgh's population been the same as that for the whole of Scotland.
Infantile Mortality Rate	- the number of deaths of children under 1 year per 1000 live births.
Maternal Mortality Rate	- the number of maternal deaths per 1000 live births.

1. Care of Mothers and Young Children.

National Health Service (Scotland) Act, 1947 - Sect. 26.

Routine Child Welfare Clinics.

During 1949 we continued to hold a regular clinic in the basement of the Town Hall.

Two sessions are held each week, on Wednesday and Thursday afternoons and on the latter afternoon diphtheria immunisation is available as well as the ordinary facilities for examination and advice.

These clinics continued to be well attended but the premises in which they are conducted leave much to be desired.

They are at best an improvisation and they limit very substantially the efficiency and value of the work which can be accomplished there.

A properly designed and adequately equipped central clinic of ample size has always been and still remains a pressing need of the Burgh's Health Services.

In pursuance of our policy of opening branch or peripheral clinics to serve the outlying parts of the town, a weekly session was started in the Clarkston Welfare Hall at the end of 1948. The Health Visitor for the district now presides over this each Wednesday afternoon and it has increased in popularity during 1949.

Peripheral clinics of this kind with the simplest of equipment serve a real need for they enable the Health Visitor to keep closely in touch with mothers who find that the task of attending the main clinic almost impossible if they have to travel there by 'bus with a baby and perhaps one or two toddlers who cannot be left at home.

Plans are advanced for a further branch clinic to serve the growing northern part of the town and we are ready to adapt some buildings already in the possession of the Council whenever permission is given to proceed with the work.

Specialist Clinics.

Children seen at the routine child welfare clinics who appear to be in need of any treatment are in the first instance referred to their own doctors.

Arrangements are made through the clinic for specialist consultation where required.

The cases particularly dealt with at present are those with orthopaedic or ophthalmic conditions. Affections of the respiratory tract, surgical conditions such as hernia and various dermatological conditions are also frequent claimants for specialist attention.

Light Therapy Clinic.

This is held twice weekly in the premises at Wellwynd and appears to prove beneficial to the types of case who are referred there.

Ante-natal and Post-natal Clinic.

This is held once weekly and is now run by a Specialist Obstetrician employed by the Regional Hospital Board. He supervises/

supervises cases who intend to be confined in hospital and also serves as consultant in cases referred to him by general practitioners in the area.

Details of Attendance.

Child Welfare Clinics.

(a) No. of local authority clinics provided at end of year	2
(b) No. of children attending under 1 year	466
over 1 year	262
(c) Total attendances under 1 year	5,807
over 1 year	669
(d) No. of clinics provided by Voluntary Organisations	Nil

Ante and Post-natal Clinics.

(a) No. of local authority clinics provided at end of year	1
(b) No. of women attending during year	98
(c) Total attendances during year	413

Light Therapy Clinic.

(a). Total number of new patients attending during year	56
(b) Total number of attendances during year	1097

Dental Clinic.

During 1948 the Town Council acquired premises at the junction of Stirling Street and Wellwynd with a view to converting them for use as a dental clinic and extra office accommodation.

The conversion was completed early in 1949 and a dentist appointed. Unfortunately we lost him only a few months later to the greater inducement of private practice and although he was of great help in getting the dental surgery fitted and equipped, the actual work of treating patients never really got under way.

It was, therefore, not until September that we were successful in obtaining someone to replace him, but Miss Margaret Hinshelwood, L.D.S., took up duty on the first of that month and under her direction good progress is now being made.

Miss Hinshelwood has supplied the following short report on the work carried out during the last four months of the year.

"In/

"In September last, Airdrie Burgh opened a Dental Clinic which offered facility for treatment to the expectant and nursing mothers and pre-school children. This clinic is fully equipped to meet the requirements of modern dentistry and offers a comprehensive service to the above classes. Since its inception in September there has been a steady increase in acceptance and attendance at the clinic.

Nitrous oxide clinics have been instituted for multiple extractions both for adults and children and these clinics are now held regularly. Mothers having complete clearances are, in due course, supplied with dentures and a very successful effort has been made to interest and educate those mothers who only require conservative treatment to accept and appreciate fillings.

In this short time quite a number of pre-school children have been treated under the scheme and it is hoped, that by giving them regular inspection and treatment at this early age, they may become dentally conscious and so avoid the radical treatment (under Nitrous Oxide) which some mothers now require. "

The following are the statistics for the last four months of 1949.

Scheme.	Total No. of Patients.		Attendances for Treatment.	Extractions				Dentures					Fillings		Other Conservative Treatment
	Male	Female		Anaes. Local	Teeth	Anaes. General	Teeth	Upper or Lower	Upper and Lower	Partials	Remake	Repair	Teeth Temp.	Teeth Perm.	
Expectant & Nursing Mothers.	-	83	196	23	34	10	111	-	1	1	-	1	-	156	117
Pre-School Children	14	20	47	29	36	5	13	-	-	-	-	-	15	-	-
Total	14	103	243	52	70	15	124	-	1	1	-	1	15	156	117

MATERNAL MORTALITY

No maternal deaths occurred during the year under review. The Maternal Mortality Rate for the second year in succession was therefore zero.

It is of interest to compare the state of affairs which prevailed in the not too distant past. Figures for the last ten years are given below.

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Maternal Deaths	5	5	5	1	3	1	0	2	0	0
Maternal Mortality Rate per 1000 live births	8.80	8.21	8.01	1.44	4.85	1.74	0.00	2.74	0.00	0.00

Puerperal Fever & Puerperal Pyrexia.

Notifications were received in respect of 2 cases of puerperal pyrexia. Both were removed to hospital and subsequently made satisfactory recoveries.

There were no cases of puerperal fever.

INFANTILE MORTALITY

During the year under review there were 26 deaths of infants under one year of age. This number gives an infantile mortality rate of 38 per 1000 live births and compares with the figure of 41 for the whole of Scotland.

The result is a gratifying improvement in the figure of 58 for 1948 but it still falls short of the fine record of 1947 with its particularly low rate of 34. The causes of these infant deaths are analysed in some detail overleaf.

The still birth rate has shown a further considerable fall to 21 compared with 29 for 1948. The Scottish average for the year was 27.

The experience of Airdrie, in respect of infantile mortality compared with the whole of Scotland for the last 20 years, is given in the table below.

Infantile Mortality Rates

Year.	Airdrie.	All Scotland.	Year.	Airdrie.	All Scotland.
1930	97	83	1940	116	78
1931	84	82	1941	80	83
1932	75	86	1942	71	69
1933	113	81	1943	75	65
1934	77	78	1944	79	65
1935	75	77	1945	73	56
1936	59	82	1946	47	54
1937	75	80	1947	34	56
1938	89	70	1948	58	45
1939	82	69	1949	38	41

It will be noted from the figures given above how very marked has been the reduction in infantile mortality during recent years.

Still Birth Rate.

Still births have been registered since 1939 and the table which follows gives the rates for Airdrie and all Scotland in every year since then.

The rates are expressed as "per 1000 total births including still births".

Still Birth Rates

Year.	Airdrie.	All Scotland.
1939	45	42
1940	53	42
1941	27	39
1942	36	38
1943	33	36
1944	28	32
1945	32	33
1946	37	32
1947	51	31
1948	29	29
1949	21	27

CHIEF CAUSES OF INFANTILE MORTALITY

In the Annual Reports for 1945 and 1946 the figures relating to still births; to neo-natal mortality and to mortality amongst older infants, were set forth for a number of previous years. The trends disclosed were analysed and it was shown that such improvement as had taken place up to the end of 1946 had been greatest in respect of the neo-natal mortality.

It was pointed out that older infants died chiefly of infections; either the common infectious fevers or respiratory or gastro-intestinal infections. The year 1947 showed a substantial decline in these causes also and we were thus able to show by far the lowest infantile mortality rate that we have ever recorded.

The rate for 1948 was less satisfactory and an inspection of the table given overleaf will show that deaths from gastro-intestinal infections were responsible for the largest share of this deterioration.

The factors which predispose to gastro-intestinal infections in childhood are, of course, faulty methods of feeding infants and faulty methods of food preparation, allied to the bad hygienic conditions under which too many families still have to exist.

It was hoped, with our increased Health Visitor staff and the steady improvement which is being effected in matters of housing, that the adverse influence of both these sets of conditions would gradually be diminished.

This has, in fact, taken place to some extent in 1949 because the total deaths from gastro-intestinal infections have fallen from 9 to 3 and have only once been lower.

The deaths from prematurity also show some decrease but there is still a great need for better and more extensive accommodation for premature infants in this area.

A small number of such infants who are born in Airdrie House are kept in the nursery there after their mothers have gone home but there is, in general, no hospital provision available for premature infants born in their own homes.

Occasionally, cases of special interest can be admitted to Bellshill Hospital Premature Baby Ward but the accommodation there is limited.

Premature infants remaining at home are specially attended by the Health Visitors who give every possible help and advice.

A new Maternity Hospital for this district has long been an agreed need. The responsibility for providing such a building has now, since July 5th, 1948, passed to the Regional Hospital Board and it is expected that the development of their plans in this respect will not now be too long delayed.

INFANT DEATHS - ACTUAL CAUSES

Causes	1941	1942	1943	1944	1945	1946	1947	1948	1949
Congenital debility. Prematurity & malformation	24	15	25	26	21	17	13	18	15
Whooping-cough, measles & other common infections	5	3	5	4	2	3	1	4	2
Respiratory Infections	14	18	17	11	7	7	7	5	5
Tuberculosis (all forms)	-	1	-	2	3	1	1	-	-
Gastro-intestinal infections	4	5	4	6	3	4	2	9	3
Miscellaneous and unknown including violence	2	2	1	-	6	1	1	3	1
Totals	49	44	52	49	42	33	25	39	26

HALLCRAIG DAY NURSERY

The premises at Hallcraig House which were opened as a War-time Nursery on December 22nd, 1942, continued in operation during the year.

The table below gives particulars of the attendances at the Nursery during 1949.

No. of individual children on roll.	Total number of attendances.	Average length of attendance per child.	Average daily attendance.
105	9,295	88.5	39.66

There is still considerable demand for the services provided by the Nursery.

At the end of the year the waiting list was 70.

Additional accommodation for 10 extra children was brought into use at the end of 1948 and continued to be fully occupied during 1949.

2. MIDWIFERY SERVICES

The Maternity Services (Scotland) Act, 1937.

The National Health Service (Scotland) Act, 1947. Sect. 23.

In accordance with the provisions of the Maternity Services Act of 1947, the Burgh of Airdrie formulated a Scheme to provide a comprehensive domiciliary midwifery service and after it had received the approval of the Department of Health for Scotland the Scheme came into operation on January 1st, 1940.

In subsequent years the Service gradually developed until by 1947 5 full time midwives were in the employment of the Town Council and they, together, were responsible for carrying out by far the greater proportion of the domiciliary midwifery work of the town.

A house "Oakbank", Clark Street, Airdrie, was purchased in 1945 and since then it has been maintained as a residential home for the midwives. Each nurse has her own bed-sitting room and there is also a lounge and dining room for common use. A domestic staff of two assists in the running of the Home.

This was the position at the beginning of 1948 and work continued on the same lines as before until July 5th.

At that date the duty to provide a service of this kind ceased to be in respect of the old Maternity Services Act which was partly repealed and was instead placed on the local authority by Sect. 23 of the new National Health Service (Scotland) Act of 1947.

No outward change, however, resulted and for the remainder of the year the service continued exactly as before.

Steps, however, were taken to secure and bring into use apparatus for gas-air analgesia and to arrange for training midwives in their use but these arrangements were not complete by the end of the year.

The problem of transport for midwives was referred to in a previous year's report and it was explained that during the day they travelled by 'bus, tram or bicycle, and that at night they were allowed to hire a taxi when distance or urgency suggested the need for so doing.

They are also authorised to engage a taxi for the transport of the gas-air apparatus.

During 1949 these arrangements were continued and worked smoothly and satisfactorily.

All the nurses now employed are qualified to administer gas-air analgesia.

Midwifery Statistics.

(1) Total no. of births occurring in the area during the year
(before correction for mothers' residence)

Live Births - 899. Still Births - 14. Total - 913

(2) Total no. of births in (1) occurring in institutions - 511

(3) Total no. of births in (1) occurring at home - 402

	Cases dealt with under Sect. 23(2) of the National Health Service (Scotland) Act, 1947.			Other Domiciliary Cases.			Total
	Doctor engaged & present at confinement.	Doctor engaged & not present at confinement.	Midwife alone (no doctor engaged.	Doctor engaged.	Midwife alone no doctor engaged.	Without doctor or Midwife	
) Midwives employed by the authority (including those on a fee-per-case basis)	36	349	7	-	-	-	392
) Midwives employed by Voluntary Organisations	-	-	-	-	-	-	-
) Midwives employed by Hospital Boards of Management.	-	-	-	-	-	-	-
) Private practising midwives	-	-	-	6	-	-	6
Totals	36	349	7	6	-	-	398

Medical Aid under Sect. 22(1) of the Midwives (Scotland) Act, 1915.

Calls for medical aid under this section:-

(a) For Domiciliary Cases.

(i) Where the Medical Practitioner had arranged to provide maternity medical services under the National Health Service - NIL.

(ii) Others - NIL.

(b) For Cases in Institutions - NIL.

Administration of Analgesics.

(a) No. of midwives in practice in the area qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board for Scotland.

(i) Domiciliary	-	5
(ii) In Institutions	-	1
		<hr/>
Total		6

- (b) No. of domiciliary midwives who received their training during the year 2
- (c) No. of sets of Apparatus for the administration of Analgesics in use at 31st December, 1949 by Domiciliary Midwives employed by the Authority or employed by voluntary organisations in the Authority's area 4
- (d) No. on order at 31st December, 1949 -
- (e) No. of cases in which Analgesics were administered by Midwives in domiciliary practice during the year 35
- (f) No. of cars in use by midwives at 31st December, 1949 -

MIDWIVES (SCOTLAND) ACT, 1915.

STATISTICS OF BIRTHS OCCURRING IN BURGH DURING 1949.

(1) Statutory Report in terms of Sect. 23 of the Act.

Item.	Total (i.e. all cases occurring in area)	Domiciliary cases under Sect.23(2) of the National Health Service (Scotland) Act, 1947.			Cases attended by Midwives in Airdrie House. Coat-bridge Cases.	Cases not attended by either doctor or midwife.	Cases attended by private nurse or doctor.	
		Doctor engaged & present at confinement.	Doctor engaged & not present at confinement.	Midwife alone (no doctor engaged)				
Births (including still births)	899	36	349	7	206	309	-	6
Deaths of new born children within 14 days of birth	7	1	5	-	1	-	-	-
Still Births	14	-	4	-	6	4	-	-
Cases of Ophthalmia Neonatorum	1	-	-	-	1	-	-	-
Puerperal Sepsis. Deaths.	-	-	-	-	-	-	-	-
Puerperal Pyrexia. Deaths.	2	2	-	-	-	-	-	-

(ii)

Cases of Emergency under Section 22 of Midwives (Scotland)
Act, 1915.

NIL.

(iii)

Midwives in Area - Notifications Received of Intention to
Practice.

Year.	Resident in Airdrie.	Resident outwith Airdrie.
1943	6	4
1944	6	4
1945	10	4
1946	7	7
1947	10	7
1948	7	5
1949	8	4

(iv)

General Report on the Working of the Acts.

The general working of the Acts is satisfactory. With the exception of seven domiciliary cases which were in the nature of "emergency bookings" at the last moment, all other patients had made arrangements for attendance for their own doctor under the Maternity Medical Scheme of the Local Executive Council and by our Domiciliary Midwives under Sect. 23 of the National Health Service (Scotland) Act, 1947.

Consequently the fear expressed in last year's report that division of the facilities formerly provided comprehensively under the Maternity Services (Scotland) Act, 1937, might lead to an increase in the numbers of "midwife only" confinements, has so far proved unfounded.

MATERNITY HOSPITAL ADMISSIONS - 1949.

Airdrie Cases only.

Type of Case.	Airdrie House.	Calderbank House.	Bellshill.	Rotten-row.	Private
<u>Emergency</u>					
(a) Scheme	2	1	18	2	-
(b) Non-Scheme	1	-	-	1	-
Pre-arranged admission	203	-	54	14	14
Totals	206	1	72	17	14

3. HEALTH VISITING SERVICE

National Health Service (Scotland) Act, 1947. Sect. 24.

During the year further recruitment of Health Visitors took place bringing the total of those now employed to six which is in accordance with the recommendations of the Scientific Advisory Committee under the chairmanship of Sir John Boyd Orr (as he then was) set up by the Secretary of State in 1943 to consider the question of "Infant Mortality in Scotland". Even at that time the Report referred to the views of some authorities who considered that even more generous provision might be required. Probably that is even more true today now that the Health Visitor is envisaged as having much wider duties than in the past, and available to give advice and assistance to all members of the family.

At the beginning of the year the Health Committee also appointed a Superintending Nursing Officer whose duties were to organise and control the work of the Health Visitors and other Public Health Nurses, to act as Superintendent of Midwives and to exercise a general supervision over the work of the Home Nursing Service.

Later in the year she was also made responsible for supervising the selection and the work of the Home Helps.

The Health Visitors carry out routine domiciliary visitation of all children who are under school age and also give advice to expectant and nursing mothers. They also attend at the various child welfare and ante-natal clinics, assist at immunisation clinics and attend at the local schools in connection with the routine visits for diphtheria prophylaxis.

Apart from an increase in their actual duties, the increased dispersion of the population in new housing schemes means that much more of their time than formerly is now spent in travelling and walking between visits. Districts have been so arranged so as to minimise this unproductive time as much as possible.

Every effort is made by the Health Visitors to guide and assist mothers in the care of their children and to educate them in the proper principles of their nutrition and upbringing.

The intimate contact which the Health Visitors have with the homes also enables them to bring prominently to the notice of mothers, the other facilities which are provided for the children's welfare.

This is notably so as regards diphtheria immunisation and the use of vitamin supplements.

Details of the work done at the Clinics and by the Health Visitors will be found below and elsewhere.

Two other nurses are also employed by the Authority and their duties are purely in connection with infectious disease - particularly the domiciliary supervision of tuberculous/

tuberculous cases. One of these nurses is also a qualified Health Visitor.

Extra office accommodation for Health Visitors was provided on the upper floor of the building which the Town Council acquired in 1948 for adaptation as a Dental Clinic.

This building is situated at the corner of Wellwynd and Stirling Street and became fully occupied during 1949.

4. HOME NURSING SERVICE

National Health Service (Scotland) Act, 1947. Sect. 25.

This section of the Act required the local health authority to set up a home nursing service "for securing the attendance of nurses on persons who require nursing in their own homes".

At the appointed day there already existed in Airdrie an organisation set up in 1897 and maintained by voluntary subscription which was known as the Airdrie & District Nursing Association.

The Association provided nursing services within the Burgh and also in the immediately adjacent landward area of the County.

The Town Council, therefore, considered that the most suitable way of discharging their responsibilities under this Section of the Act would be to enter into an agreement whereby the Airdrie & District Nursing Association would provide such services in return for an appropriate financial adjustment.

This arrangement was, therefore, initiated on July 5th, 1948. The Association discontinued its work in the County area and the three nurses employed became wholly employed on home nursing work within the Burgh. The arrangement has continued to work well during 1949.

The number of visits paid by the nurses shows that their services are increasingly in demand and it will probably be necessary to provide additional staff. The scale of provision at present is less than that recommended by the Queens Institute of District Nursing, namely, one nurse on general nursing duties per 6-7000 of the population.

On this basis one and a half extra nurses are required. This could be met by employing one additional full-time nurse and one part-time nurse.

Our agreement with the Association provides for a review of the Service after two years and this will be carried out during 1950.

HOME NURSING SERVICE STATISTICS

	No. of cases attended.	No. of visits paid to these cases.
Home Nurses employed directly by the Authority	-	-
Home Nurses employed by Voluntary Organisations	213	8,742

DOMESTIC HELP SERVICE

National Health Service (Scotland) Act, 1947. Sect. 28.

The provision of a home help service is one of the permissive sections of the National Health Service but it was apparent almost from the beginning that there was a demand for such facilities and that they could play a most useful part in alleviating hardship and distress, and indeed real domestic emergency which could not easily be assisted in any other way.

In our original scheme we undertook to start the service with 4 domestic helps but this number quickly proved to be inadequate and had to be progressively increased during the year.

The cost to the authority is not inconsiderable as many householders can contribute only a small weekly sum but it is felt that the provision of domestic assistance of this kind is a community service which is well worth while and that it has certainly come to stay.

There is, moreover, little doubt that any expenditure may be at least partially recouped in other directions, as for instance, if invalids can remain at home instead of entering institutions for the chronic sick.

This may not, of course, be a local saving but it certainly represents a national one, and moreover it relieves the growing pressure on hospital accommodation for such cases.

The Service, while nominally under the control of the Medical Officer of Health, is administered from day-to-day by the Social Welfare Officer who has the assistance of the Superintending Nursing Officer in the choice of the actual persons employed and the supervision of their work.

So far there has been a satisfactory supply of suitable women anxious to join the Service.

The Social Welfare Officer supplies the following brief report on the work of the Domestic Helps during 1949:-

"The Domestic Help Service came into operation in February, 1949.

Applicants for the post of domestic help must submit a written application enclosing, where possible, a testimonial. The applicant's home is then visited by a member of the nursing staff of the Health Department, and if she proves satisfactory, her name is placed on the list of Helps.

The public was slow to take advantage of this scheme in its early stages, but it soon became apparent that it would become popular. One month after its inception 6 Domestic Helps had been assigned, a number that steadily grew as the public became aware of the service available. By the end of 1949, 23 helps were at work, and of these 3 were employed on confinement cases. The most recent figures available, those for February, 1950, show a total of 26 domestic helps in employment, including 4 on confinement cases and 1 attending a patient suffering from tuberculosis.

The/

The nursing staff of the Health Department periodically visit the homes where domestic helps are employed. In addition to the aforementioned visits by the nursing staff, questionnaires have been sent to persons employing domestic helps and the replies have been very satisfactory".

DOMESTIC HELPS - STATISTICS

- (i) No. of Domestic Helps employed at end of year
 - (a) Whole-time - 8
 - (b) Part-time - 10
 - (c) Retaining Fee Basis - Nil.
- (ii) No. of cases for which Helps were provided during the year - 45.
- iii) Average period of assistance - 12 weeks.

6. Vaccination and Immunisation.
National Health Service (Scotland) Act, 1947 - Sect.26.

(a) Vaccination.

The measures outlined in the formal Scheme have operated during the year and it was true to say that at the close of 1949 public interest in vaccination was small and indeed steadily declining.

At the time of writing it is possible now to qualify this statement by saying that the events of 1950 have rekindled some enthusiasm. The events and the measures adopted will be described in next years report but we cannot help feeling that the abolition of compulsory vaccination was an unwise step.

Except in times of threatened epidemic parents are not keen on having their children vaccinated despite the fact that the risks of an unrecognised importation of smallpox from abroad are probably greater now than at any previous time because of the widespread adoption of air transport.

Vaccination Statistics.

Primary Vaccinations.

(1) Typical vaccinia	80
(2) Vaccinoid reaction	1
(3) Reaction of immunity	-
(4) No reaction	30
Total	111

Re-vaccinations.

(1) Typical vaccinia	20
(2) Vaccinoid reaction	-
(3) Reaction of immunity	-
(4) No reaction	10
Total	30

Grand Total	<u>141</u>
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(b) Diphtheria Immunisation.

The public attitude to diphtheria immunisation is fortunately much more enlightened than to vaccination and very little difficulty is now experienced by Health Visitors in persuading parents to have their children treated.

Visits were paid to all the schools in the area and immunisation or re-immunisation of the pupils in attendance was carried out as required.

For children below school age a weekly immunisation clinic was held throughout the year and every endeavour made to ensure that mothers brought their children for treatment.

Where a child had not been immunised by its first birthday a postal reminder was sent and special attention given to the case by the Health Visitor.

By the end of the year it was estimated that over 80% of school children had been immunised or re-immunised within four years and approximately 49% of children aged 1 - 5 years.

The table below gives details of the actual work done during the year.

School Children.

Number immunised during 1949	-	319
Re-immunised during 1949	-	1401

Pre-school Children.

Number immunised during 1949	-	442
Re-immunised during 1949		10

Treated by Private Practitioners.

Total number of children immunised or re-immunised	-	70
--	---	----

(c) Other Immunisation Procedures.

Nil.

7. Prevention of Illness Care and After-care.
National Health Service (Scotland) Act, 1947 - Sect.27.

(a) Tuberculosis.

In 1949 the number of confirmed notifications of tuberculosis of all forms was 37, of which total 27 had pulmonary disease and 10 had non-pulmonary lesions.

This represents a reduction of 11 from the previous year the difference being due to a reduction of 10 pulmonary cases and 1 non-pulmonary.

The death rate from pulmonary tuberculosis was 0.65 per 1,000 of the population and from non-pulmonary forms of the disease it was 0.17.

In 1948 the rates were 0.46 and 0.16 respectively.

The following table sets forth the position from 1938 onwards and is of interest in showing the trends of the disease.

Pulmonary Disease.

Year	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Notifications	17	13	20	26	18	35	32	22	26	48	37	27
Deaths	3	15	14	11	13	12	13	10	22	15	14	20
Death Rate	0.10	0.53	0.51	0.40	0.47	0.44	0.48	0.37	0.77	0.50	0.46	0.65

Non-Pulmonary Disease.

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Notifications	10	9	11	15	16	12	8	17	14	8	11	10
Deaths	4	4	4	2	7	3	6	6	6	4	5	5
Death Rate	0.14	0.14	0.14	0.07	0.26	0.11	0.22	0.22	0.20	.13	.16	.17

Although there appears to be a slight downward tendency in respect of new cases of pulmonary disease it cannot yet be said that the figures give any cause for satisfaction particularly in view of the persistently high death rate.

We are perhaps a little more fortunate than Scotland as a whole since the notification figures for the entire country commenced to rise steeply in 1940 and have remained at a high level since 1943 with no tendency so far to turn downwards again.

On the other hand the Scottish death rate which remained high and with a slight upward tendency from 1940-1948 has in 1949 receded slightly to 0.59.

The whole position gives rise to considerable disquiet and this is reflected by the fact that the Secretary of State has asked the Advisory Committee of the Scottish Health Services Council to make a special enquiry into the reasons for the high incidence of tuberculosis in Scotland.

Many parts of Scotland experience great difficulty in securing hospital accommodation for cases of tuberculosis, but we are relatively fortunate here and no case in need of active treatment had to wait an unreasonable length of time for a bed.

Nevertheless, use could be made of more sanatorium accommodation for quite a number of sputum positive chronic cases have to be sent home although it is fully appreciated that it would be more desirable to retain them in isolation.

No case, however, is sent home to unsuitable housing conditions. The Council's pointage scheme is heavily weighted in favour of the tuberculous patient and by co-operation between the Health Department, the Housing Department and the Sanitary Inspector's Department it is generally possible to make some satisfactory arrangement for such cases.

We employ two nurses, styled Infectious Diseases Nurses, much of whose work is concerned with the domiciliary supervision of tuberculous cases in their own homes.

This work is done very thoroughly and it is considered to be well worth the time and attention devoted to it.

The regular visits of the nurse help to keep up the morale of the patient; she plays a valuable part in educating the household on the measures necessary to avoid further infection; she rounds up contacts for examination and supervision; and she is able to report on the patients needs and to assist him in securing extra nourishment, clothing and bedding and additional money grants from the National Assistance Board.

The nurses also staff the out-patient clinics and dispensaries dealing with tuberculous cases and they carry out heliotherapy as recommended.

During the year our Scheme under this section of the Act was amended to allow of B.C.G. Vaccination being carried out in suitable cases, but the technical difficulties associated with the proper carrying out of the procedure (particularly the periods of isolation required) have so far prevented a start being made.

STATISTICAL SURVEY OF TUBERCULOSIS WORK DURING 1949.

The experience of the year is presented in four tables duplicated for pulmonary and non-pulmonary cases.

Table I gives a return of cases of tuberculosis notified during the year.

Table II gives a return showing the number of cases which received treatment under the Tuberculosis Scheme in Sanatoria or other institutions during the year.

Table III shows the number of persons resident in the area who, at the end of the year, were known to be suffering from tuberculosis.

Table IV shows for the year the number of persons who died from tuberculosis in the area, and indicates the period which elapsed between notification and death, and between discharge from an institution and death.

TABLE I.
Pulmonary Notifications 1949.

<u>AGE GROUPS</u>										No. of cases notified during year in which diagnosis of Tuberculosis has been confirmed.	
Under 5. 5 & 10. 10 & 15. 15 & 25. 25 & 35. 35 & 45. 45 & 65. 65 & up-wards. Total										Under 15.	15 & up-wards.
Males	-	-	2	3	4	5	7	-	21	2	17
Females	-	-	1	3	3	-	1	-	8	1	7
Total	-	-	3	6	7	5	8	-	29	3	24

Non-Pulmonary Notifications 1949.

<u>AGE GROUPS</u>										No. of cases notified during year in which diagnosis of Tuberculosis has been confirmed.	
	Under 5.	5 & 10.	10 & 15.	15 & 25.	25 & 35.	35 & 45.	45 & 65.	65 & up-wards.	Total	Under 15.	15 & up-wards.
Males	5	-	-	2	-	-	1	-	8	5	2
Females	-	1	-	1	1	-	-	-	3	1	2
Total	5	1	-	3	1	-	1	-	11	6	4

TABLE II.

Pulmonary Cases.

Institutional Treatment 1949.

	In Institu- tion on January 1.	Admitted during the year.	Discharged during the year.	Died in Institu- tions.	In Institutions on December 31.
<u>Adults.</u>					
Males	7	12	9	4	6
Females	9	16	9	6	10
<u>Children.</u>					
Males	-	-	-	-	-
Females	-	1	1	-	-
Totals	16	29	19	10	16

Non-Pulmonary Cases.

Institutional Treatment 1949.

	In Institu- tion on January 1.	Admitted during the year.	Discharged during the year.	Died in Institu- tions.	In Institutions on December 31.
<u>Adults.</u>					
Males	1	2	3	-	-
Females	2	3	4	-	1
<u>Children.</u>					
Males	1	5	1	3	2
Females	-	1	1	-	-
Totals	4	11	9	3	3

TABLE III.

Known Pulmonary Cases 1949.

	Under 5.	5 & under 10.	10 & under 15.	15 & under 25.	25 & under 35.	35 & under 45.	45 & under 65.	65 & up- wards.	Total.
<u>Sputum examined T.B. found.</u>									
Males	-	-	-	4	11	5	6	-	26
Females	-	-	-	11	16	3	-	1	31
<u>Sputum examined T.B. never found.</u>									
Males	-	1	5	3	21	7	7	1	45
Females	-	2	2	4	12	3	5	1	29
<u>Sputum not examined or not present.</u>									
Males	-	4	2	2	-	1	-	-	9
Females	2	-	2	-	-	-	-	-	4
Totals	2	7	11	24	60	19	18	3	144

TABLE III.

Known Non-Pulmonary Cases 1949.

	Under 5.	5 & 10.	10 & 15.	15 & 25.	25 & 35.	35 & 45.	45 & 65.	65 & up-wards.	Total.
<u>Abdominal.</u>									
Males	-	3	1	1	-	1	-	-	6
Females	-	1	2	1	-	1	-	-	5
<u>Spine.</u>									
Males	-	-	2	3	2	-	-	-	7
Females	-	-	-	-	1	-	-	-	1
<u>Bones & Joints.</u>									
Males	2	1	2	1	1	-	1	-	8
Females	-	-	1	1	4	1	2	-	9
<u>Superficial Glands.</u>									
Males	-	1	1	2	-	-	-	-	4
Females	1	4	3	3	1	1	-	-	13
<u>Lupus.</u>									
Males	-	-	-	1	-	1	-	-	2
Females	-	-	-	-	1	2	1	-	4
<u>Other Parts or Organs.</u>									
Males	-	-	-	-	1	-	1	-	2
Females	-	1	-	1	1	-	1	-	4
Totals	3	11	12	14	12	7	6	-	65

TABLE IV.

NUMBER OF PERSONS WHO DIED FROM PULMONARY TUBERCULOSIS IN AREA DURING YEAR ENDING 31st DECEMBER, 1949. PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	<u>Males.</u>	<u>Females.</u>
Not notified or notified after death	1	-
Notified less than 1 month before death	1	-
Notified from 1-3 months before death	-	-
Notified from 3-6 months before death	2	1
Notified from 6-12 months before death	4	3
Notified 1-2 years before death	1	1
Notified over 2 years before death	2	4
Total	11	9
No. who died within 28 days after discharge from Institution	-	-
No. who died more than 28 days after discharge from Institution	4	2

NUMBER OF PERSONS WHO DIED FROM NON-PULMONARY TUBERCULOSIS IN AREA DURING YEAR ENDING 31st DECEMBER, 1949. PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	<u>Males.</u>	<u>Females.</u>
Not notified or notified after death	1	-
Notified less than 1 month before death	-	-
Notified from 1-3 months before death	1	-
Notified from 3-6 months before death	1	-
Notified from 6-12 months before death	-	-
Notified from 1-2 years before death	-	-
Notified over 2 years before death	2	-
Total	5	-
No. who died within 28 days after discharge from Institution	-	-
No. who died more than 28 days after discharge from Institution	2	-

PULMONARY TUBERCULOSIS PATIENTS CLASSIFIED ACCORDING TO
AGE, SEX, OCCUPATION AND HOUSING ACCOMMODATION.
1949.

Age.	Sex.	Occupation.	Housing Accommodation.
26 yrs.	M.	Concrete worker	3 apartments.
48 yrs.	M.	Surface colliery worker	4 "
64 yrs.	M.	Steel-tester	2 "
28 yrs.	F.	Housewife	2 "
36 yrs.	M.	Coal carter	2 "
57 yrs.	M.	Blind pensioner	4 "
11 yrs.	M.	Schoolboy	4 "
27 yrs.	F.	Factory inspectress	5 "
19 yrs.	M.	Clerk	3 "
12 yrs.	M.	Schoolboy	4 "
37 yrs.	M.	Journalist	8 "
41 yrs.	M.	Teacher	2 "
59 yrs.	M.	Tailor	5 "
21 yrs.	F.	Housewife	3 "
23 yrs.	M.	Railway fireman	3 "
12 yrs.	F.	Schoolgirl	5 "
55 yrs.	F.	Housewife	4 "
59 yrs.	M.	Labourer	2 "
27 yrs.	M.	Ex-Army	4 "
30 yrs.	M.	Labourer	1 "
27 yrs.	F.	Shop assistant	5 "
30 yrs.	M.	Bus driver	3 "
19 yrs.	F.	Typist	3 "
21 yrs.	M.	Clerk	2 "
39 yrs.	M.	Time clerk	3 "
18 yrs.	F.	Clerkess	5 "
35 yrs.	M.	Civil servant	3 "

NON-PULMONARY TUBERCULOSIS PATIENTS CLASSIFIED ACCORDING TO
AGE, SEX, OCCUPATION AND HOUSING ACCOMMODATION.
1949.

Age.	Sex.	Occupation.	Housing Accommodation.
2 yrs.	M.	-----	2 apartments.
5 yrs.	F.	Schoolgirl	3 "
2 yrs.	M.	-----	2 "
29 yrs.	F.	Housewife	3 "
23 yrs.	M.	Bus driver	4 "
22 yrs.	F.	Housewife	4 "
3 yrs.	M.	-----	5 "
23 yrs.	M.	Ex-Army	4 "
1 yr.	M.	-----	5 "
4 yrs.	M.	-----	3 "

(a) Care of Old People.

(1) Homes or Hostels.

During 1949 the Town Council acting as trustees of a bequest known as the Strain Trust and in terms of the bequest took steps to set up a Home for Old Men.

They acquired a mansion house known as "Rosemount" Forrest Street.

This has now been remodelled and equipped to provide accommodation for fourteen elderly men who each pay a fee according to their means towards the cost of their maintenance. A married couple have been engaged and installed as warden and housekeeper.

The Home was formally opened on 12th October, 1949, by Mrs. Jean Mann, M.P., and is now known as Strain House in memory of the benefactor who left the bequest for its inception.

(b) Hostel or similar accommodation.

The Local Authority also possess one block of fourteen single apartment houses which are kept for old people aged 60 and over.

These, however, do all their own work and have separate kitchen and lavatory accommodation. There is a common bathroom.

Some time ago the authority also converted the old Burgh Fever Hospital in Wilson Street into twelve two-apartment houses which are reserved for old couples. They have separate cooking facilities, but there is some sharing of lavatory and bathroom accommodation. In some instances, sideboards, beds and other articles of furniture have been provided.

At the present moment there is no separate allocation of housing for old people. They merely take their turn for re-housing in accordance with the Council's Pointage Scheme.

(c) Home Helps.

Any old person is eligible for assistance as required in terms of the Authority's Home Help Scheme.

(d) Old People's Clubs and similar organisations.

The Veterans Association have a club-room in the Central Public Park. This is provided by the Town Council.

There is an Old Age Pensioners Club in Callon Street with premises maintained by the pensioners themselves.

An Old Age Pensioners Club in Katherine Park meets in a shelter provided by the Town Council.

A scheme run by voluntary subscriptions in Dunrobin village provides treats for old folk at Christmas and New Year and also 'bus runs during the summer.

The Clarkston Miners' and Community Welfare provide somewhat similar facilities and entertain some 300 - 400 old/

/old people and Rawyards Social Club is also active on a smaller scale.

The Town Council provided a very successful Old Folk's Treat comprising a luncheon and musical entertainment. Persons over the age of 70 were eligible and some 600 attended.

(c) Charitable Bequests and Endowments.

There are a number of charitable bequests directed towards the welfare of old people. These are the Airdrie Female Benevolent Society and the Jane Nicol Bequest which distribute small sums of money and give general welfare attention by means of voluntary workers.

The Scottish Branch of the British Red Cross Society is also active.

The Town Clerk administers a number of endowments the income of which is spent upon the provision of coal both to old people and to necessitous cases during the winter months.

8. Control of Infectious Disease.

The year 1949 like its predecessor proved to be a very uneventful one as far as infectious diseases were concerned.

There was nothing which could be described as an epidemic.

Only one case of diphtheria was confirmed throughout the year and made a satisfactory recovery.

Cases of scarlet fever were slightly more numerous than during the previous year but the type of disease continued to be extremely mild and complications were practically unknown.

The number of pneumonia cases notified was about the usual average and practically all were removed to hospital. It is felt that many cases are only notified when they fail to respond to treatment at home.

Those admitted to hospital, therefore, comprise a high proportion of the dangerously ill cases and these disproportionately raise the hospital death rate.

Only three cases of dysentery were notified and all were removed to hospital at the practitioner's request. Here again it is certain that many cases go un-notified.

In view of the importance now attached to educating the public in methods of preventing the spread of gastrointestinal infections it is unfortunate that we do not receive more comprehensive information regarding the incidence of dysentery.

There were only two cases of puerperal pyrexia and none of puerperal fever. This record undoubtedly reflects the increased efficiency of our midwifery services although some of the success may also be due to the powerful chemotherapeutic resources now available to the practitioner.

Annual Notification.

The table given overleaf shows the actual number of confirmed cases of various diseases which were notified during 1949 with the figures for the five previous years shown in parallel columns for comparison.

ANNUAL NOTIFICATIONS OF INFECTIOUS DISEASES

1949 COMPARED WITH FIVE PREVIOUS YEARS

	1944	1945	1946	1947	1948	1949
Cerebro-spinal Fever	1	2	1	-	-	-
Continued Fever	-	-	-	-	-	-
Diphtheria	30	31	6	5	3	1
Dysentery	3	4	14	1	1	3
Encephalitis						
Lethargia	-	-	-	-	-	-
Erysipelas	9	11	7	2	4	8
Acute Infectious Jaundice	-	-	-	-	-	-
Malaria	-	-	1	-	-	-
Ophthalmia Neonatorum	1	2	2	1	1	1
Acute Influenzal Pneumonia	7	-	2	-	-	2
Acute Primary Pneumonia	46	44	74	57	56	54
Other Pneumonias	-	-	1	-	-	-
Poliomyelitis (Acute)	-	-	-	7	-	-
Puerperal Fever	2	4	-	1	2	-
Puerperal Pyrexia	2	4	4	4	6	2
Scarlet Fever	85	82	37	58	84	87
Smallpox	-	-	-	-	-	-
Tuberculosis (Pulmonary)	35	26	26	48	37	27
Tuberculosis (Non-Pulmonary)	8	17	14	8	11	10
Typhoid Fever	-	-	-	-	-	-
Paratyphoid A	-	-	-	1	-	-
Paratyphoid B	-	-	8	-	-	-
Typhus	-	-	-	-	-	-
Cholera	-	-	-	-	-	-
Chickenpox	Not locally notifiable.					
Measles						
Whooping Cough						
	229	227	197	193	205	193

INFESTATION

The treatment of scabies has continued on the same lines as in previous years and although the condition is not nearly so prevalent as it was during the war years and particularly in 1943, a number of cases continue to be notified to us each month, or are brought for advice and treatment to the Child Welfare Clinic.

The table below shows the incidence experienced during the year under review.

Month.	New Cases.	Total Visits.	Cases Cured.	Cases Remaining.
<u>1949.</u>				
January	2	2	2	-
February	2	3	2	-
March	2	3	2	-
April	1	2	1	-
May	2	2	2	-
June	-	-	-	-
July	-	-	-	-
August	-	-	-	-
September	-	-	-	-
October	2	6	2	-
November	2	2	2	-
December	-	-	-	-

The Infectious Diseases Nurses also devoted attention to a number of other non-notifiable infectious diseases, including certain other contagious skin diseases.

These were:-

Ringworm	13 cases
Impetigo	10 "
Conjunctivitis	1 "
Chickenpox	58 "
Mumps	14 "
Measles	17 "
Whooping Cough	19 "

A total of 138 visits were paid in connection with the treatment of these cases.

Infestation with lice is a problem which comes more directly under the notice of the school health authorities and the problem has not otherwise been prominent, except in connection with cases admitted to hospital. A regrettably large proportion of these have verminous conditions of the head.

9. Mental Health Service.
National Health Service (Scotland) Act, 1947 - Sect.51.

The Health Committee is now responsible for the administration and general application of the mental health services of the Burgh and the resulting duties are carried out jointly by the Medical Officer of Health and the Welfare Officer under the general supervision of the former.

The Welfare Officer has been nominated Authorised Officer and his assistant is also available to act in a similar capacity when required.

The Authorised Officer is responsible for taking any necessary action under the Lunacy and Mental Deficiency Acts. He arranges for the removal to hospital of patients suffering from mental illness and he receives notice of their discharge. He supervises mental defectives from the Burgh who are under official guardianship and he carries out or arranges for their official visitation.

He also supervises patients discharged from mental hospitals who reside within the Burgh.

Mental Illness.

During the year 31 cases of mental illness were admitted to hospital, 15 of whom were certified.

At 31st December, 64 cases of mental illness were being cared for in institutions and 4 cases at home.

Mental Deficiency.

During the year there were 11 new cases of mental deficiency. Six cases were admitted to institutions and 5 cases were placed under guardianship.

At the end of the year, 17 Burgh cases of mental deficiency were under treatment in institutions and 13 were being cared for at home or boarded out.

10. Nurseries and Child Minders Regulation Act, 1948.

No applications were received under the provisions of this Act and no certificates are in force.

B. School Health Service.

For Airdrie Burgh the School Health Services are at present administered and carried out by Lanarkshire County Council in terms of their statutory duties under the Education Acts.

Discussions have been held with the other Lanarkshire Burghs with a view to securing some integration of the School Health Services and the Child Welfare Services, either by the Education Authority arranging to delegate some of their functions as happens elsewhere in other Large Burghs in Scotland, or otherwise. Some measure of agreement with the principle involved has been reached amongst the Burghs but approach to the County Council has so far been unproductive.

C. Port/

C. Port Health Administration.

Not applicable.

D. Food Supply.

(1) Milk.

The years work in relation to the milk supply is fully discussed in the Report of the Sanitary Inspector.

No special circumstances in connection with outbreaks of milk borne disease were brought to light during the period under review.

(2) Ice Cream.

Details regarding the control of this commodity with also be found in the Report of the Sanitary Inspector.

(3) Meat and Other Foods.

Reference should be made to the Sanitary Inspector's Report.

(4) Clean Food.

A series of lectures on the clean handling of food was started in December 1949. Dr. Mearns who is Medical Adviser to the Scottish Council for Health Education and also a Lecturer in Hygiene at Glasgow University was the speaker:

By the end of the year two meetings had been held, one dealing with general principles of food hygiene and the second addressed particularly to butchers and fishmongers. The response was very poor despite a great deal of work by the members of the Sanitary Inspector's Staff in personally visiting shops and urging employers and employees to attend the talks.

(5) Food Poisoning.

No outbreaks of food poisoning were reported during the year.

(6) Nutrition.

During the year the Ministry of Food held a propaganda week to encourage the uptake of vitamin supplements.

To assist with this a rally was held in the Day Nursery to which mothers were invited and at which the Provost and Health Convener spoke in support of the work of the Ministry of Food.

Suitable publicity was given to this part of the propaganda campaign by means of press photographs and reports.

An important part of the Health Visitors' duty is to see that children are properly fed and to urge that both they and their mothers should take advantage of the vitamin supplements made available by the Ministry of Food.

In Airdrie the uptake of these products has generally compared favourably with other parts of Scotland, but they are still far from being fully utilised.

The/

The table appended below shows the percentage uptake of the various substances.

UPTAKE OF COD LIVER OIL, ORANGE JUICE AND VITAMIN TABLETS
MONTHLY AVERAGES DURING PERIOD INDICATED

Period	Percentages of Potential Uptake		
	Cod Liver Oil	Orange Juice	A & D Tablets
July to December 1944	29.1%	60.9%	25.0%
January to June 1945	28.6%	48.1%	21.7%
July to December 1945	25.7%	52.3%	23.3%
January to June 1946	26.2%	47.3%	29.0%
July to December 1946	45.2%	43.5%	40.8%
January to June 1947	59.7%	39.4%	50.25%
July to December 1947	49.5%	43.4%	32.6%
January to June 1948	36.0%	49.5%	27.7%
July to December 1948	33.6%	42.0%	26.9%
Period to February 26th, 1949	47.4%	31.7%	31.7%
Period to May 28th, 1949	43.6%	31.3%	31.1%
Period to August 27th 1949	47.1%	33.1%	31.0%
Period to February 25th 1950	50.93%	31.25%	44.37%

E. Miscellaneous.

(1) National Assistance Act, 1948.

(a) Provision of establishments under the Act and their medical supervision.

The Town Council have set up and now maintain a home for old men.

This is called Strain House and is partially supported by endowment. (See also page 39).

Each resident calls in his own doctor as required. There is no special medical supervision by the local authority.

(b) Registration and inspection of disabled or old persons homes (Sect.57).

There are no homes in the area other than those under the control of the local authority.

(c) Removals (Sect.47).

Action was taken in one instance under this section of the Act.

After hearing evidence the Sheriff made an order authorising the removal to hospital of an old person who was not receiving proper care and attention and who was incapable of looking after herself.

(d) Care of Property (Sect.48).

No action by the local authority was required.

(e) Burials (Sect.50).

No action by the local authority was required.

(f) Welfare Services (Sect.29).

No special welfare services at present come within the purview of the Health Department.

(2) Nursing Homes Registration (Scotland) Act.

No applications were received during the year and there are no certificates in force.

(3) Health Education.

The Scottish Council for Health Education again gave us great assistance in planning and executing various Health Education projects.

The discouraging feature of the work is that the public on the whole seem to show so little interest in the attractive material which is provided.

During the year we held one Film Show and Lecture in La Scala Cinema. The subject was Venereal Disease and the talk was given by Dr. Leslie Hamilton the Specialist Venereologist for this area.

The/

The audience was 250 persons but although this attendance was disappointing the attentive hearing gave evidence of appreciation and many intelligent questions were received at the end of the meeting.

We followed up this particular show by a display of photographs and accompanying text giving more details regarding the risks of venereal disease.

This was held in the Museum Room of the Public Library. However, it too, was poorly attended and despite extensive advertisement only 229 persons visited it during the week it was open.

In the autumn and winter months we offered a free film show and talk to all the Women's Guilds and similar organisations in the town to be included as one item of their regular syllabuses.

Up to the end of the year 5 such meetings were held and the total attendances amounted to about 300.

These meetings addressed to pre-formed audiences have at least been more satisfying from our point of view than the large public film shows as the audiences are interested and keen to initiate discussion, but they do not, of course, reach many people and those who do attend are not the sections of the population who are most in need of education.

F. General Sanitation.

No matters of special interest arose during the year under this heading.

Reference to the water supply and sewage disposal arrangements will be found on pages 1 and 2.

SUPERANNUATION.

A total of 54 persons were medically examined for the purposes of the Superannuation Scheme.

MILK AND DAIRIES.

FOOD AND DRUGS.

HOUSING.

FACTORY ACT, 1937.

These matters are reported on in detail by the Sanitary Inspector, information regarding them will be found in his report.

The following information regarding factories is, however, included here to comply with the requirements of the Statute.

FACTORIES ACT, 1937.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR
1949 FOR THE BURGH OF AIRDRIE.

Prescribed particulars on the administration of the Factories Act, 1937.

1. Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspect- ions (4)	Written notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities (ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1	49	6	-	-	1
(iii) Other Premises in which Section 7 is enforced by the Local Authority ‡ (excluding out-workers' premises	2	111	99	5	-	2
	3	-	-	-	-	3
Total		160	105	5	-	

2. Cases In Which Defects were Found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more 'cases')

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecut- ions were instituted (7)	M/c line No. (8)
		Found (3)	Remedied (4)	To H.M. Inspect- or. (5)	By H.M. Inspect- or. (6)		
Want of cleanliness (S.1)	4	-	-	-	-	-	4
Overcrowding (S.2)	5	-	-	-	-	-	5
Unreasonable temperature (S.3)	6	-	-	-	-	-	6
Inadequate vent- ilation (S.4)	7	-	-	-	-	-	7
Ineffective drain- age of floors (S.6)	8	-	-	-	-	-	8
Sanitary Con- veniences (S.7)							
(a) insufficient	9	1	-	-	-	-	9
(b) unsuitable or defective	10	4	4	-	4	-	10
(c) Not separate for sexes	11	-	-	-	-	-	11
Other offences against the Act not including offences relating to Outwork)	12	-	-	-	-	-	12
Total		5	4	-	4	-	

i.e. County or Burgh. i.e. Electrical Stations (Section 103(1)), Institutions.
(Section 104) and sites of Building Operations and works of Engineering
Construction (Sections 107 and 108).

OUTWORK

Nature of Work	M/c line No.	Section 110		No. of prosecutions for failure to supply lists	Section 111		Prosecution
		No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council		No. of instances of work in unwholesome premises	Notices served	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Wearing apparel Making, etc.	13	1	-	-	-	-	-
Total		1	-	-	-	-	-

